

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. <u>09/914699</u>	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1		1	
2		1		1		
3	2		1		1	
4	0		3		1	
5	0		0		1	
6	0		0		1	
7	0		0		1	
8	0		0		1	
9	0		0		1	
10	0		0		1	
11	0		0		1	
12	0		0		1	
13	0		0		1	
14	0		0		1	
15	0		0		1	
16	0	1	0		1	
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TOTAL IND.					1	
TOTAL DEP.					15	
TOTAL CLAIMS					16	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS